

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BT	70385	
O.I.P.E. CLASSIFIER			5-20-00
FORMALITY REVIEW	M.M.	71628	5-12-00
RESPONSE FORMALITY REVIEW	M.M.	71625	7-24-00

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted

N ..... Non-elected  
 A ..... Interference  
 O ..... Appeal  
 0 ..... Objected

**BEST AVAILABLE COPY**

Claim	Date
Final Original	
1	1-9/7/00
2	6/19/01
3	4/14/02
4	1/13/03
5	9/15/02
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If more than 150 claims or 10 actions  
 staple additional sheet here

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